SECRETARY OF STATE STATE CAPITOL 500 E. CAPITOL AVE. PIERRE, S.D. 57501 605-773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE, OR REGISTERED AGENT, OR BOTH

FILING FEE: \$10

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is		
2. The previous street address <u>or</u> a statement	that there is no street address, of its registered office	
	ZIP	
3. The street address, or a statement that ther	re is no street address, to which the registered office is to be changed is	
	ZIP	
4. The name of its previous registered agent	is	
5. The name of its successor registered agent	t is *	
* The Consent o	f Registered Agent below must be completed by the new agent.	
6. The address of its registered office and the be identical.	e address of the business office of its registered agent, as changed, will	
7. This change has been authorized by resolu	ation duly adopted by the board of directors.	
The statement may be signed by the chairma public.	n of the board of directors, by its president or by another of its officers in the	presence of a notary
Date		
	(Signature)	
	(Title)	
STATE OF	_	
COUNTY OF		
	, a notary public, do hereby certify that on this day of	
	who, being by me first duly sworn, declar	
corporation, and the statements therein contained	, that he/she signed the foregoing docu	ment as officer of the
My Commission Expires	(Notary Public)	
Notarial Seal		
CONSE	NT OF APPOINTMENT BY THE REGISTERED AGENT	
I,(name of re	hereby give my consent to serve as the egistered agent)	
registered agent for		
	(corporate name)	-
Dated		I